

PATENT

Attorney Docket: 7044-X06-017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: YA'AKOV GABAL

Group Art Unit:

Appln. No.: 10/598,231

Filed: AUGUST 22, 2006

For: AN EXERCISE, REHABILITATION AND MOBILIZATION DEVICE FOR
PARAPLEGIC AND MOTORICALLY HANDICAPPED PERSONS

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	10/598,231
Filing Date::	AUGUST 22, 2006
Application type::	REGULAR
Subject Matter::	UTILITY
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form	
(CRF)?::	
Number of copies of CRF::	
Title line one::	AN EXERCISE, REHABILITATION AND
Title line two::	MOBILIZATION DEVICE FOR PARAPLEGIC
Title line three::	AND MOTORICALLY HANDICAPPED
Title line four::	PERSONS
Attorney Docket Number::	7044-X06-017
Request for Early Publication?::	
Request for Non-Publication?::	

Suggested Drawing Figure::

Total Drawing Sheets:: 6
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?::

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR (1)
Primary Citizenship:: ISRAELI
Country:: ISRAEL
Status:: FULL CAPACITY
Given Name:: YA'AKOV
Middle Name::
Family name:: GABAL
Name Suffix::
City of Residence:: BEAT LEHEM HA'GLILIT
State or Province
Of Residence::
Country of Residence:: ISRAEL
Street of mailing address::
City of mailing address:: BEAT LEHEM HA'GLILIT
State or Province of
Mailing address::
Country of mailing
address:: ISRAEL
Postal or Zip Code

of mailing address:: 36007
APPLICANT INFORMATION
Applicant Authority Type:: INVENTOR (2)
Primary Citizenship:: ISRAELI
Country:: ISRAEL
Status:: FULL CAPACITY
Given Name:: ADI
Middle Name::
Family name:: WOLFENFELD
Name Suffix::
City of Residence:: HAIFA
State or Province
Of Residence::
Country of Residence:: ISRAEL
Street of mailing address:: 3 FIREBERG ST.
City of mailing address::
State or Province of
Mailing address:: HAIFA
Country of mailing
address:: ISRAEL
Postal or Zip Code
of mailing address:: 32447

CORRESPONDENCE INFORMATION

Correspondence Customer
Number:: 27317
Name:: MARTIN FLEIT
Street of mailing address:: 21355 E. DIXIE HIGHWAY, SUITE 115
City of mailing address:: MIAMI

State or Province of mailing address:: FLORIDA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 33180
Phone number:: 305-830-2600
Fax Number:: 305-830-2605
E-Mail address:: MFLEIT@FOCUSONIP.COM

REPRESENTATIVE INFORMATION

Representative customer number:: 27317

Representative Designation::	Registration Number::	Representative Name::
Primary	16,900	Martin Fleit
Associate	30,648	Robert C. Kain
Associate	37,333	Jon A. Gibbons
Associate	35,171	Jose Gutman
Associate	40,917	Stephen C. Bongini
Associate	43,500	Paul D. Bianco

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	IS A	PCT/IL2005/000639	JUNE 16, 2005

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
ISRAEL	162582	JUNE 17, 2006 <u>JUNE 17, 2004</u>	YES

ASSIGNMENT INFORMATION

Assignee name::

Street of mailing

Address::

City of mailing address::

State or Province of

Mailing address::

Country of mailing

address::

Postal or Zip Code

Of mailing address::